State of California—Health and Human Services Agency

California Department of Health Services
Licensing and Certification Program
Aide and Technician Certification Section (ATCS)
1615 Capitol Avenue, MS 3301
P.O. Box 997416
Sacramento, CA 95899-7416
Telephone number: (916) 327-2445
Fax number: (916) 552-8785

# DIRECTOR OF STAFF DEVELOPMENT/INSTRUCTOR APPLICATION

**Type or print legibly.**

| Facility/school/agency telephone number | County | Provider Identification Training number *("S" or "F" number)* |
|---|---|---|
| (  ) | | |

Facility/school/agency name and address:

Type of training to be offered:

- ☐ Orientation and in-service training programs only
- ☐ Certification training program only
- ☐ Orientation, in-service, and certification training programs

| Applicant's name ☐ RN ☐ LVN | | California nursing license number | Expiration date |
|---|---|---|---|
| Hours employed _____ per week / _____per month | Date employed as DSD/Instructor | Facility licensed bed capacity (if applicable) | Date submitted to DHS |
| Applicant signature | | | Date |

Please submit: 1. Resumé showing work experience (month/year to month/year).
2. Proof of 24-hour BRN-approved DSD class or transcript of college courses related to teaching.

## Facility/School/Agency or Employment Information

| Name | | | Telephone number ( ) |
|---|---|---|---|
| Address (number, street) | City | County | ZIP code |
| Administrator/Program Director signature and title | Print name | | Date |
| Director of nursing signature , R.N. | Print name | | Date |

## *FOR OFFICE USE ONLY*

| Approved | Date | By: Program consultant |
|---|---|---|
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